

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

APPLICANT(S)

FILING DATE

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4	1					
5	1					
6	1					
7		1				
8	4					
9	4					
10	4					
11	4					
12	4					
13	4					
14	4					
15	4					
16	3					
17	3					
18	1					
19		1				
20		1				
21	1					
22	1					
23	1					
24	1					
25	4					
26	4					
27	4					
28	4					
29	4					
30	4					
31	3					
32	4					
33	4					
34	4					
35						
36						
37						
38						
39						
40						
41						
42						
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.	8					
TOTAL DEP.	81					
TOTAL CLAIMS	89					

TOTAL IND.
TOTAL DEP.
TOTAL CLAIMS